



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

18-D80639

**FILED**

In the office of the Secretary of State  
of the State of California

NOV 19, 2018

**This Space For Office Use Only**

**IMPORTANT** — Read instructions before completing this form.

**Filing Fee – \$20.00**

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)  
DISNEY STORE USA, LLC

**2. 12-Digit Secretary of State File Number** 200809410208  
**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
DELAWARE

**4. Business Addresses**

a. Street Address of Principal Office - Do not list a P.O. Box 1101 FLOWER STREET	City (no abbreviations) GLENDALE	State CA	Zip Code 91201
b. Mailing Address of LLC, if different than item 4a 500 S BUENA VISTA ST	City (no abbreviations) BURBANK	State CA	Zip Code 91521
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1101 FLOWER STREET	City (no abbreviations) GLENDALE	State CA	Zip Code 91201

**5. Manager(s) or Member(s)** If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b T1 ACQUISITION CORP.	Middle Name	Last Name	Suffix
b. Entity Name - Do not complete Item 5a T1 ACQUISITION CORP.			
c. Address 500 S BUENA VISTA ST	City (no abbreviations) BURBANK	State CA	Zip Code 91521

**6. Service of Process** (Must provide either Individual OR Corporation.)  
**INDIVIDUAL** – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) MARSHA	Middle Name	Last Name REED	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 500 S BUENA VISTA STREET	City (no abbreviations) BURBANK	State CA	Zip Code 91521

**CORPORATION** – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

**7. Type of Business**

a. Describe the type of business or services of the Limited Liability Company  
RETAIL STORE OPERATION

**8. Chief Executive Officer, if elected or appointed**

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

**9. The information contained herein, including any attachments, is true and correct.**

11/19/2018

MARSHA L REED

SECRETARY

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]